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ABSTRACT

This document begins with an annotated outline of Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, which encourages states to prevent unnecessary removal of children from their homes and to reunify foster children with their families. The document discusses reasons for the law's enactment, the law's provisions, its benefits for children with special needs, eligibility criteria, state adoption assistance programs, the federal role in enforcing the law, the nature of the assistance in terms of amounts and duration, and remaining implementation questions such as permanency planning. The second part of the document comprises a survey of literature on the adoption of children with special needs, in which annotations are provided for 25 journal articles and a monograph. A final section offers a more comprehensive listing of resources, providing bibliographic information only for approximately 100 articles, master's theses, conference proceedings, books, book sections, Congressional hearing transcripts, and reports. (JDD)

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Beach Center on
Families and Disability

Annotated Bibliography: Permanency Planning (P.L. 96-272)

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Annotated Bibliography: Permanency Planning (P.L. 96-272)

The Adoption Assistance and Child Welfare Act of 1980

Part One: Annotated Outline
Part Two: Article Survey

AB-5

April, 1990

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PART ONE:

P.L. 96-272: THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980

ANNOTATED OUTLINE

I. INTRODUCTION AND BACKGROUND ON P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980

A. Why the law was enacted.

Allen, M., Golubuck, C., & Olson, L. (1983). A guide to the Adoption Assistance and Child Welfare act of 1980. In M. Hardin (Ed.), Foster children in the courts (pp. 575-610). Boston: Butterworth Legal Publishers.

1. Congress enacted P.L. 96-272 to address the following problems:

   a) Children placed in foster care without first offering services that might keep their families together.
   b) Children placed inappropriately in large institutions too far from their families.
   c) Failure to make case plans for foster children or to review those plans periodically.
   d) Failure to tell parents what was happening with their children and discouraging parent-child visits.
   e) Unnecessary barriers to adoption, including financial disincentives and classification of some children as "unadoptable."
   f) Failure to collect information on children in foster care, making monitoring of individual children's progress and progress of the entire system difficult. (p. 576)

2. Congress also recognized that the problems described above had been exacerbated by specific federal disincentives, such as:

   a) AFDC-FC, Title IV-A of the Social Security Act gave the states unlimited federal reimbursement to cover part of their foster care costs. These funds could only be used for out-of-home care; no funds were provided for prevention, family reunification, or to help adoption. No limits were placed on the length of foster care placement or on efforts to find permanent families.
   b) Children in foster care were eligible for federal Medicaid reimbursement, but once the same foster children were adopted, they often lost Medicaid eligibility. This problem was particularly serious for families adopting children with disabilities who were often ineligible for other health coverage because their disabilities were considered "pre-existing" disabilities.
   c) The Title IV-B Child Welfare Services program theoretically gave states funds to provide a range of welfare services, regardless of a family's income. IV-B funds never exceeded $56.5 million (1/5 of the 266 million authorized) until fiscal year 1980. States spend 75% of available funds on foster care room and board for children not eligible for the federal foster care program, rather than on alternatives to care. (p. 577)

B. Overview of the Provisions of P.L. 96-272

(Allen, Golubuck, Olson in Hardin)

P.L. 96-272 encourages states to prevent unnecessary removal of children from their homes and to reunify foster children with their families. Eligibility for Title IV-B and Title IV-E funds is contingent on implementation of services and protection for children and their families. (pp. 578-79)

1. Title IV-B funds prevention and reunification.

Title IV-B gives funds for preventive and reunification services, improved planning and case reviews for foster children. Title IV-B funds are increased to states that implement certain reforms. The increased funds are to be used to develop alternative services and not for foster care maintenance, adoption subsidies, or day care services. (42 U.S.C. Sec. 623(c)(1))

2. Title IV-E funding is tied to "reasonable efforts."

Title IV-B Foster Care and Adoption Assistance programs provide funds to states for foster maintenance and adoption subsidies. States receive a per child reimbursement for foster care and adoption programs as well as funds for administration. To get Title IV-E funds, states must make reasonable efforts to provide preventive and reunification services for children in foster care. After October 1, 1983, states are eligible for federal reimbursement for foster care or adoption assistance only if there has been a judicial determination that reasonable efforts have been made to prevent placement and to reunify the family. Sec. 671(a)(14). Title IV-E also includes fiscal incentives to aid the adoption of special needs children; states must have an adoption assistance program in place in order to be eligible for federal IV-E funds. (42 U.S.C. Sec. 671 (a)(1))(pp. 579-580)

II. PARTIES COVERED BY P.L. 96-272

The adoption assistance program is intended to benefit those children with special needs who meet the criteria for AFDC and SSI payments. (42 U.S.C. Sec. 679)

A. "Special Needs"

1. What constitutes "special needs"?

Hardy, D. (1984). Adoption of children with special needs. American Psychologist, 39 (8), 901-904.

P.L. 96-272 loosely defines "special needs," but states have discretion to enlarge the definition to cover not only children with mental or physical disabilities, but children who have other impediments to adoption. (pp. 902-903)

Cole, E. (1983). Advocating for adoption services. In M. Hardin, (Ed.), Foster children in the courts (pp. 449-482). Boston: American Bar Association.

To be considered a child with "special needs," there must be a specific factor in the child's case that will make it necessary for assistance to place the child in an adoptive home. (Social Security Act 473(b)(2); 42 U.S.C. Sec. 673(b)(2)(West Supp. 1981). Emotional ties to foster parents are not automatically a sufficient basis for the adoption subsidy. (pp. 476-477)

Segal, E. (1985). Adoption assistance and the law. In E. Segal (Ed.), Adoption of children with special needs: Issues in law and policy (pp. 127-153). Boston: American Bar Association.

Legislative history to P.L. 96-272 states that emotional ties to a foster family are not enough to qualify the child as having special needs, but an argument can be made that separating the child from the foster parent may result in an emotional disturbance that would qualify as a "special need." (p. 131)

2. How have states varied in this definition?

Cole, E. (1983). Advocating for adoption services. In M. Hardin, (Ed.), Foster children in the courts (pp. 449-482). Boston: American Bar Association.

The Model State Subsidized Adoption Act provides that children who have significant emotional ties to a foster parent are automatically considered to be in special circumstances and eligible for the adoption subsidy, whether or not there are any other conditions that make them hard to place. [Model State Subsidized Adoption Act 3(c)(4) and 4, 46 Fed. Reg. 50037-9 (1981)]. As of 1975, only one state statute included ties to foster parents as a sufficient basis for adoption subsidy. Several states included it as a factor to be considered. (p. 477)

Fales, M. J. (1985). Adoption assistance--How well is it working? Permanency Report, 3 (1), 3.

Most states use a flexible "special needs" definition. There is concern that the definition is too broad; for example, foster parents of a healthy young child waited the 18 months necessary to qualify for the subsidy before adopting. (p. 3)

B. Children's Eligibility for Assistance

Hardy, D. (1984). Adoption of children with special needs. American Psychologist, 39 (8), 901-904.

P.L. 96-272 reimburses subsidies paid to children with special needs, only if they are eligible for AFDC or SSI when they are free for adoption. States are urged to broaden eligibility standards for

state subsidies to cover children who are not eligible for AFDC or SSI. (pp. 902-903)

Fales, M. J. (1985). Adoption assistance--How well is it working? Permanency Report, 3 (1), 3.

Many believe that the federal statute is very restrictive; only 25% of children qualify for Title IV-E funds. In a few states, as many as two thirds of the children have been declared eligible, but administrators are uneasy about federal audits. (p. 3)

1 & 2. Why are the eligibility requirements different under SSI and AFDC and how does the difference in eligibility affect the children?

Bussiere, A. (1985). Federal adoption assistance for special needs. Clearinghouse Review, 19, 586-599.

The child has to meet the criteria for AFDC or SSI. SSI eligibility is established only at the time of adoption; AFDC eligibility must be established both at the time adoption proceedings are initiated and at the time the child is removed from the biological parents' home. When the biological parents have disappeared and no AFDC eligibility was established when the child was removed from the home, it may be impossible for the child or the adoptive parents to prove the child was needy and deprived of parental support. HHS has taken the position that termination of parental rights does not constitute deprivation of parental support for AFDC purposes. (p. 588)

3. What constitutes a "reasonable effort" to keep a child in his biological home or to reunify that home as soon as possible?

Ratterman, D., Dodson, D., & Hardin, M. (Eds.), (1987). Reasonable efforts to prevent foster placement (2nd ed). Boston: American Bar Association.

The "reasonable efforts required by P.L. 96-272 is really two requirements: a) A state's Title IV-E plan must include "reasonable efforts" to prevent unnecessary placement and to return foster children to their homes. b) For each child placed after October 1, 1983, there must be a judicial determination that reasonable efforts were made before a state is eligible for Title IV-E federal foster care funds. (p. 1)

Golubuck, C. R. (1986). Cash assistance to families: An essential component of reasonable efforts to prevent and eliminate foster care placement of their children. Clearinghouse Review, 19, 1392-1400.

Because children often enter foster care for financial reasons, P.L. 96-272 gave states financial incentives to prevent the need for foster care placement and to reunify families. The federal government did not offer any guidelines for defining "reasonable efforts". Commentators suggest a core of services such as

homemaker services, day care, crisis intervention, emergency caretakers and shelters, group homes for adolescents and counseling. (pp. 578-79, 591-92)

Barth, R. P., Berry, M. (1987). Outcomes of child welfare services under permanency planning. Social Service Review, 61 (1), 71-90.

Reunification is first in the ranking of preferred permanency plans; in descending order, the others are adoption, guardianship, and long-term foster care. (p. 71)

4. **Who decides when and how parental rights should be severed?**

Good, W. (1984). Involuntary termination of parental rights in Louisiana: Unraveling the statute. Tulane Law Review, 58, 1045-1071.

Termination of parental rights means the end of all rights that parent has in his or her own child; a parent irrevocably surrenders his interest in the maintenance and custody of the child. (p. 1045)

Bussiere, A. (1985). Federal adoption assistance for special needs. Clearinghouse Review, 19, 586-599.

The state decides that the child cannot or should not be returned to the parents' home. (p. 589)

Amadio, C. M. (1985). Termination of parental rights to free special needs children for adoption. In E. Segal, (Ed.), Adoption of children with special needs: Issues in law and policy (pp. 1-6). Boston: American Bar Association.

While in many ways the problems presented by termination of parental rights are the same for all children, additional issues are raised in the process of freeing children with special needs for adoption.

a) **Constitutional problems:**

Two recent U.S. Supreme Court cases suggest there must be some showing of parental unfitness before a parent's rights can be terminated. Smith v. Organization of Foster Families For Equality and Reform, 431 U.S. 816 (1977), holds that removing children from their parents without a showing of unfitness is an impermissible state intrusion into private family life.

Quilloin v. Walcott 434 U.S. 246 (1978), holds that it is a violation of due process to force the breakup of a natural family without some showing of unfitness; the "best interest" of the child is not a sufficient basis for termination. (p. 2)

The question raised by these cases is whether parental unfitness refers only to the condition or behavior of the parent, or can it take the special needs of the child into account. This question becomes crucial for children with special needs because some parents are able to care for a child without a special need, but would be unable to care for a child with special needs. The law needs to provide a way to evaluate parental fitness against the special needs of an individual child. (p. 4)

A related question is whether parental unfitness should be examined in light of possible services that might help a parent care for a child with special needs. A plan for services could rebut a finding of unfitness if (1) the services were readily available; (2) the services will be available on a long-term basis; (3) the services would in fact help a parent take care of a child; (4) the parent will accept and use the services. (p. 5)

b) Grounds for termination of parental rights.

Amadio (1985). Termination of parental rights to free special needs children for adoption. In E. Segal (Ed.), Adoption of children with special needs: Issues in law and policy (pp. 1-6). Boston: American Bar Association.

Termination cases involve two questions: (1) Can or should the child be returned to the parent within a reasonable time? and (2) Is adoption in the child's best interests?

i) Returning a child home within a reasonable time.

Grounds for termination of parental rights include (1) extreme parental disinterest, (2) failure to correct the problem that led to placement, (3) extreme or repeated neglect or abuse or other parental misconduct, (4) parent's inability to care for the child, (5) deterioration of the parent-child relationship. For children with special needs, grounds 1, 2, and 4 are particularly significant. (p. 6)

Parental disinterest in cases involving children with special needs can be measured not only by how a parent maintains contact and provides basic needs, but also by how well a parent responds to a special need of which he is aware. Some states have rejected the concept of "abandonment" in favor of examining parental behavior showing lack of concern or commitment. This change works well in cases of institutionalized abandonment when a child placed in an institution stabilizes so that home life is possible, but the parents stop having contact with the child and will not consider having him return home. (pp. 7-8)

If a parent fails to change the conditions that keep a child with special needs from returning home, some states will terminate parental rights. (p. 9)

When a child with special needs has been placed voluntarily, either in foster care or in an institution, and then abandoned, the state may have to intervene by filing a petition alleging neglect. (p. 9)

ii) Whether adoption is in the best interest of the child.

There is a circular problem concerning the adoption of children with special needs. Until a child is legally free for adoption, it is very difficult to find an adoptive home. However, some courts will not terminate parental rights if a specific adoptive home has not been found. Courts consider some children "unadoptable."

To remove this adoptability barrier, judges need to hear the benefits of adoption for special children, availability of adoption recruitment techniques, adoption subsidy, adoptive parent support groups. This information can be provided by formal training or through evidence presented in individual termination cases. Specific examples of successful placement of local children with special needs need to be presented to judges. (p. 13)

Adoption may not be in the best interests of some children; long-term foster care, or guardianship by the foster parents may be more appropriate for adolescents or for children with continuing emotional ties to a parent. (pp. 14-15)

iii) What other issues surround the termination of parental rights?

Broadhurst, D., & Gross, B. (1982). A model law that isn't. Public Welfare, 40, 23-27.

Prompt termination of parental rights ensures that children do not linger unnecessarily in foster care. Questions embedded in this process include:

1) Should a parent be permitted to terminate parental rights without appearing before a court?
2) How should the process be structured to protect parents' rights and to withstand legal claims of fraud or duress? (p. 26)

Barth, R. P., & Berry, M. (1987). Outcomes of child welfare services under permanency planning. Social Service Review, 61 (1), 71-90.

Who has the burden of proof in cases of out of home placement? In states such as California, the family no longer has the initial burden of proof for showing that the child should be returned home after placement. Child welfare services must show that the child should remain in out of home care. (p. 72)

How long must reunification efforts continue? Efforts to reunite children with their families are now limited to 24 months, and in some states 18 months. (p. 72)

5) **What if an adopted child develops a disability after the adoption is final--is the child covered by P.L. 96-272?**

Fales, M. J. (1985). Adoption assistance--how well is it working? Permanency Report, 3 (1), 3.

A child who develops a disability after adoption is covered only if the state program provides coverage; most states will not cover disabilities arising after adoption. A few will provide coverage if the condition can be shown to have existed before the adoption. (p. 3)

C. **Parent's Eligibility for Subsidy**

1. **Are the current standards used by states acceptable under the federal act if they use means testing?**

Dodson, D. (1983). The legal framework for ending foster care drift: A guide to evaluating and improving state laws, regulations, and court rules. Boston: American Bar Association.

"If adoption subsidy programs are to effectively reverse financial disincentives to adoption, they must be widely available to the families and children who need them." P.L. 96-272 requires subsidy programs to be open to all parents adopting eligible children. Children's needs and parents' means may be used in figuring subsidy amounts but not in establishing basic eligibility. States should review their statutes to be sure that means testing is not a basis for the state adoption subsidy. (pp. 10-2, 10-3)

Broadhurst, & Gross. (1982). A model law that isn't. Public Welfare, 40, 23-27.

P.L. 96-272 makes a child with special needs eligible for adoption assistance regardless of the adoptive parent's income; the amount of assistance depends on the child's needs and the parent's circumstances. The actual amount of subsidy payments is determined by agreement between the state and the adoptive family. (p. 24)

Bussiere, A. (1985). Federal adoption assistance for children with special needs. Clearinghouse Review, 19, 586-599.

States can't impose an income eligibility requirement or a means test for prospective adoptive parents, but the administering agency must take into account the parent's circumstances and the child's needs. Some states require adoptive parents to provide financial data, and some states have a family income ceiling, above which no assistance is available. Whether this practice is a means test will have to be determined by a HHS policy interpretation, through litigation, or both. (p. 588)

2. **Is there a preference for relatives and long-term care-takers as preferred adoptive parents?**

Dodson, D. (1983). The legal framework for ending foster care drift: A guide to evaluating and improving state laws, regulations, and court rules. Boston: American Bar Association.

Questions to be asked about a state's laws:

a) Does the law provide a preference for relatives or long-term caretakers, unless there is good cause for not placing a child with them?

b) Does the state law require that relatives or long-term caretakers be given notice of a proposed adoptive placement?

c) Does the law provide opportunities for the parties above to get a court hearing on the placement decision?

d) Does the law require the appointment of a guardian ad litem for the child in this proceeding?

3. **Are guardians included in P.L. 96-272?**

Leashore, B. (1984). Demystifying legal guardianship: An unexplored option for dependent children. Journal of Family Law, 23, 391-400.

a) **The need for guardians**

In 1983, 243,000-502,000 children were estimated to be in foster care. Children with disabilities were 25% of that figure. Only 21% of the total were legally free for adoption. Nearly 75% of the children with disabilities were not free for adoption. With these statistics, legal guardianship should be considered as a viable alternative. (p. 392)

b) **Guardianship defined**

Legal guardianship is a specific set of powers established by a court. Guardianships can be designed to benefit the child, the biological parents, and the guardians; the benefits can offset the separation trauma, sense of loss, and identity conflicts that come from other temporary or permanent placements. (p. 393)

c) **Legal protections and other advantages of guardianship**

Guardianship can define the legal rights of the biological parents, the liberty right of the child not to be moved from a placement without a prior hearing, the right to be placed in the least restrictive setting, and the right to a guardian ad litem or legal advocate. (p. 397)

Barth, R. P., & Berry, M. (1987). Outcomes of child welfare under permanency planning. Social Service Review, 61 (1), 71-90.

Although adoption is the preferred plan under 96-272, there are three exceptions:

i) when the parents have regularly visited a child and the child would benefit from continued visits;
ii) when the child is 12 or older and doesn't wish the relationship with his parents to be severed;
iii) when the foster parents are not willing to adopt, but the child would suffer if removed from their custody and placed for adoption. (pp. 72-73)

Guardianship does not require termination of parental rights so it may be preferred in the above three situations. Guardianship differs from state to state, but generally guardians are free to make decisions about the child without agency intervention. (pp. 72-73)

d. Financial disincentives and other disadvantages of guardianship.

i) Guardians are generally excluded from receiving financial assistance available to adoptive parents or long-term foster parents.
ii) Guardians must have their own legal counsel and must initiate the guardianship petition.
iii) Some states grant guardianships but keep the children dependent on a foster parent so that the child can receive financial assistance. This practice may weaken a guardian's commitment to provide a permanent placement. (pp. 72-73)

D. State adoption assistance programs

1. How have states developed their own adoption assistance programs under the mandate of P.L. 96-272?

Seeling, G. G. (1976). The implementation of subsidized adoption programs: A preliminary survey. Journal of Family Law, 15, 732-769.

No two state programs are the same. Some states have adopted features of HHS's original Model Act (1976). Most states require that a child be in the care of the state or an approved public agency, and that the child be legally free for adoption. The

greatest variation between the states and the Model Act are the amount and the duration of the subsidy payments. (pp. 738-739)

Fales, M. J. (1985). Adoption assistance--how well is it working? Permanency Report, 3 (1), 3.

Half the states administer their programs centrally; others have state guidelines with decisions made locally. Most states provide some adoption assistance training for workers and supervisors, but the training is not ongoing, nor is it given to all employees. Most states notify foster parents of the subsidy program, but do little else to publicize it. Because decisions are made locally, there may be little variation in eligibility, but amounts paid to parents vary widely. Benefits for non-Title IV-E children are often similar to Title IV-E benefits. (p. 3)

Broeck, E., & Barth, R. (1986). Learning the hard way: A pilot permanency planning program. Child Welfare, 65(3), 281-294.

California's Family Protection Act set procedures for judicial and administrative review. Over seven years, the mechanisms and the procedures for permanency planning have evolved. (pp. 281-282)

Shoultz, B., & Kalyanpur, M. (Eds) (1987). Families for all children. Syracuse: The Center on Human Policy.

Outstanding family support for families with children with disabilities is built into the general support systems of Minnesota, Michigan, Montana, Maryland, and Wisconsin. (pp. 1-11)

2. **Does the Model Act for the Adoption of children with "Special Needs" help states develop their own subsidy programs?**

Broadhurst, D., & Gross, B. (1982). A model law that isn't. Public Welfare, 40, 23-27.

The Model Act was redrafted by HHS so that states could modify their subsidy programs to comply with P.L. 96-272. However, inconsistencies exist between the federal statute and the Model Act.

a) *Under Section 402 of the Model Act, an income or "means" test is established to determine eligibility. P.L. 96-272 makes children with special needs eligible for adoption without regard to the adoptive parent's income. States using Model Act "means" test provisions may lose federal reimbursement for adoption assistance.*

b) *The Model Act allows up to a year after the final adoption decree for the signing of an adoption assistance agreement. The delay is for "unusual circumstances", such as the discovery of a condition that would have qualified the child for assistance if it had been diagnosed before the adoption.*

This provision conflicts with P.L. 96-272 which requires eligibility be established before final court action on the adoption. (p. 25)

Sullivan-Brown, D. (1982). The placement of special needs children: A legislative response. Journal of Legislation, 9, 304-317.

To implement the Model Act for Adoption of Children with Special Needs (1981), the states must provide recruitment programs, specialized programs for preplacement and post-placement services to adopting families of children with disabilities. (p. 308)

3. **How can states work together on adoption assistance?**

Broadhurst, D., & Gross, B. (1982). A model law that isn't Public Welfare, 40, 23-27.

Section 475 of P.L. 96-272 states that the adoption assistance agreement "shall remain in effect regardless of the State which the adoptive parents are residents at any given time".

There are two ways to accomplish this:

a) either the state which first certifies the child as eligible always remains responsible for the assistance payment, or
b) the state where the adoptive parents live agrees to first state's certification and makes the payment. Without a uniform national law or an interstate agreement, there is no way that one state can compel another to accept the eligibility certification or the responsibility for the subsidy payment. (p. 25)

Bussiere, A. (1985). Federal adoption assistance for children with special needs. Clearinghouse Review, 19, 586-599.

As of 1985, only eight states had signed the Interstate Compact. The lack of acceptance by more states may be because of confusion over whether the Compact applies to federal adoption assistance only, or to state benefits. (p. 598)

4. **What problems are caused by the states' failure to cooperate on adoption assistance?**

Hardy, D. (1984). Adoption of children with special needs. American Psychologist, 39 (8), 901-904.

A key problem of adoptive families that move to a new state is that health care providers often will not honor out of state Medicaid cards. (p. 903)

Bussiere, A. (1985). Federal adoption assistance for children with special needs. Clearinghouse Review, 19, 586-589.

The problems for an adoptive family moving to a new state include:

a) assuring Medicaid coverage
b) assuring continuation of social services such as counseling, home-health care, day care, and respite care. These services are provided because AFDC or IV-E funds pay for them. Adopted children are not automatically eligible for Title XX services because the federal law does not specify state program content or coverage. (p. 591-592)

Bussiere, A. (1985). Issues in inter-state adoptions. In E. Segal (Ed.), Adoption of children with special needs: Issues in law and policy (pp. 169-204). Boston: American Bar Association.

If children are placed in homes out of the adoptive agency's state problems occur in all parts of the adoptive process. For example:

a) preplacement-- Conflicts may arise over how to arrange and pay for home studies and preplacement visits, how to arrange for the prospective adoptive family to have information about the child, how to divide legal and financial responsibility for the child between the states, how to see that the placement is adequately monitored for the child's safety, and how to resolve differences between the states on the termination of parental rights.
b) post-placement-- Medicaid cards issued outside the state where they are used often will not be honored. There is a general lack of knowledge among the states as to what social services are available and who pays for them. (p. 169-170)

E. The federal role in enforcing P.L. 96-272

1. How closely does the federal government monitor compliance with P.L. 96-272?

Watson, K. W. (1985). Children and case reviews. Permanency Report, 3 (4), 3.

Case reviews of foster care children assure the appropriateness and necessity of the current placement and focus on a case plan to resolve the child's status. P.L. 96-272 requires case reviews every six months in order for the state to be eligible for federal foster care reimbursement. The law does not prescribe a detailed process that the states must follow for the reviews. Federal law and regulations do not specify that children be at their own reviews: the decision on whether a child attends is left to the individual states, or to the child's social worker. (pp. 3-4)

2. What remedies are provided for violation of P.L. 96-272?

English, A. (1983). Is there a private right of action under the Adoption Assistance and Child Welfare Act of 1980? Clearinghouse Review, 16, 870-874.
P.L. 96-272 provides that the Secretary of Health and Human Services may completely or partially cut off federal funds if the state does not properly design or administer a Title IV-E plan. The law does not provide a private cause of action; to litigate a private right successfully, a private party has to argue that a cause of action can be derived from the law or that Section 1983 of the Civil Rights Act will support such an action. (p. 617)

III. NATURE OF THE ASSISTANCE

A. The amount given to a family

1. What is the basic amount available?

Cole, E. (1983). Advocating for adoption services. In M. Hardin (Ed.), Foster children in the courts (pp. 449-482). Boston: American Bar Association.

Federal reimbursement and state subsidies are paid according to the foster care "board rate" that applies to that child. Higher board rates are paid if the child has special problems requiring extraordinary care; rates also vary with the age of the child. (pp. 479-480)

Fales, M. J. (1985). Adoption assistance--How well is it working? Permanency Report, 3 (1), 3.

Some states allow one half the foster care board rate to be paid in adoption assistance grants; others pay up to two thirds. A few give an equal amount. Most have sliding scales, based on income with the foster board rate as maximum amount. (p. 3)

2. What extras may be provided?

Cole, E. (1983). Advocating for adoption services. In M. Hardin (Ed.), Foster children in the courts (pp. 449-482). Boston: American Bar Association.

Extras provided to families are determined by agreement with the state, as set out in the adoption agreement. Extras can include one-time costs such as legal fees, home remodeling, or transportation. Other extras can include a continuation of any special services, such as day care, medical devices, and other medical care. Agreements can specify that the child will remain eligible for Medicaid and Title XX social services. (p. 480)

Fales, M. J. (1985). Adoption assistance--How well is it working? Permanency Report, (1), 3.

Most states provide special subsidies for services not covered by Medicaid, such as respite care or legal fees on a one-time basis. (p. 3)

Dodson, D. (1983). The legal framework for ending foster care drift: A guide to evaluating and improving state laws, regulations, and court rules. Boston: American Bar Association.

Extras include: legal and court costs, medical costs not covered by another program, occupational therapy, psychotherapy, special education services, therapeutic day care, and transportation. (pp. 10-8)

B. Duration of assistance

1. **When do payments begin?**

Segal, E. (1985). Adoption assistance and the law. In E. Segal (Ed.), Adoption of children with special needs: Issues in law and policy (pp. 127-153). Boston: American Bar Association.

Federal adoption assistance can only be paid after a judicial entry of either an interlocutory or final decree of adoption. Adoption agreements should specify the "effective date" on which payments will begin--when the child is placed in the home, or the date of the final adoption decree. The "gap" in benefits that occurs while a final decree is entered can be a hardship on families. (p. 146)

Fales, M. J. (1985) Adoption assistance--How well is it working? Permanency Report, 3 (1), 3.

Most states admit that paying support before an interlocutory decree is entered is a problem. Some have coped with the problem by qualifying adoptive parents as foster parents until the adoption is legalized. (p. 3)

2. **When do payments stop?**

Barth, R. P., & Berry, M. (1987). Outcomes of child welfare services under permanency planning. Social Service Review, 61 (1), 71-90.

P.L. 96-272 provides the payments must stop at age 18, except for children with special needs; payments for children with special needs may continue until age 21. When payments stop varies from state to state; most states stop payments at age 18. (p. 85)

3. **What if the adoptive parent dies? Will funds continue for the subsidized period?**

Segal, E. (1985). Adoption assistance and the law. In E. Segal (Ed.), Adoption of children with special needs: Issues in law and policy (pp. 127-153). Boston: American Bar Association.

The death of the adoptive parent is usually not specified in adoption agreements as a circumstance that will terminate the agreement. Under current law, a child in this circumstance will be taken care of according to the state guardianship laws. HHS has taken the position that Title IV-E adoption assistance cannot be paid to the child or to the child's legal guardian if the child's adoptive parent dies. HHS notes other sources of support such as life insurance and Social Security Survivors benefits are available; these children may even be eligible for AFDC, SSI, or IV-E foster care programs. (pp. 150-151)

IV. IMPLEMENTATION QUESTIONS THAT REMAIN

A. The original permanency planning vision.

The permanency planning scheme envisioned by P.L. 96-272 was in order of preference: reunification, adoption, and foster care.

1. What has been the working definition of permanency planning?

Taylor, S. J., Lakin, K. C., & Hill, B. K. (1988). Permanency planning for all children and youth: Policy and philosophy to govern out-of-home placement decisions. Manuscript submitted for publication.

Michigan has the goal that no child with developmental disabilities should be institutionalized. To achieve this goal, the state has developed this permanency planning definition: Permanency planning is "a planning process undertaken by public and private agencies on behalf of developmentally disabled children and their families with the explicit goal of securing a permanent living arrangement that enhances a child's growth and development. Permanency planning for children is directed to securing: (1) a consistent, nurturing environment, (2) an enduring, positive adult relationship; and (3) a specific person who will be an advocate for the child into adulthood." (p. 9)

2. Does research support the statement that the preferred outcomes of permanency planning are always in the best interest of the child?

Barth, R. P., & Berry, M. (1987). Outcomes of child welfare services under permanency planning. Social Service Review, 61 (1), 71-90.

Re-abuse is most likely in reunification and least likely in adoption. Studies show that children returned home have inferior measurable developmental outcomes. Data measuring children's satisfaction with placements is limited. Available data shows relatively high rates of satisfaction with each type of placement except institutionalization. (pp. 73-75)

B. The effectiveness of support for "special needs" families

1. **How do adequate support services correlate with the disruption rates for adoptions?**

   Spencer, M. (1985). Meeting the need for comprehensive post-legal adoption services. Permanency Report, 3 (4), 5.

   Post-legal adoption services should be an extension of services started before an adoption and provided at varying times in the lives of the family members. (p. 5)

2. **Who should deliver services?**

   Cole, E. (1986). Post-legal adoption services: A time for decision. Permanency Report, 4 (1), 4.

   There are three possibilities for post-legal adoption services. (1) The adoption agency should offer whatever help is needed, including education, counseling, and crisis intervention. (2) The adoptive family should avail itself of whatever services exist in the community just as any other family would. (3) There should be some combination of efforts between the agency and the adoptive family, with the agency giving the family referrals to available services. (p. 4)

   Powers, M. D. (1986). Promoting community-based services: Implications for program design, implementation, and policy. The Journal of the Association for Persons with Severe Handicaps, 11 (4), 301-315.

   Adoption workers who provide supportive services during preplacement have little knowledge of children with developmental disabilities. Recent research shows that the disruption rate for placement of children with "special needs" is 11% to 14%, compared with less than 3% for infants without disabilities. Insufficient support services for special needs families can result in poor parent-child bonding and a risk to family health. (p. 311)

   The Georgetown University Child Development Center has developed the Special Needs Adoption Project to provide better support services. The project has three objectives: (1) to provide specialty training in developmental disabilities and related conditions; (2) to develop a collaborative network between child welfare agencies and children with special needs and their families; and (3) to develop a training program guide. (p. 309)

   White, A. V. (1985). Multiple agency approach to home-based services for special needs handicapped children. Permanency Report, 3 (4), 2.

   Philadelphia's family preservation project for inner-city residents is a partnership between public and private agencies. The core service is a paraprofessional who helps a family manage the activities necessary to support a child with disabilities. The Life Skills Development program gives primary caretakers

practical training and family skills to aid the maintenance, growth and development of the child. Inreach Respite Care is provided to share the child's care so the family may be involved in other activities. Out-of-Residence Placement is available for a maximum of thirty days. A family may receive a combination of these services at the same or different times. (p. 2)

C. Visions for the Future.

What changes can be made to extend the protections of P.L. 96-272?

Taylor, S. J., Lakin, K. C., & Hill, B. K. (1988). Permanency planning for all children and youth: Policy and philosophy to govern out-of home placement decisions. Manuscript submitted for publication.

On the federal policy level, two major changes need to be made to give children with disabilities the right to a permanent home. (1) P.L. 96-272 needs to be revised to encompass all children placed out of home by any public agency, not just those agencies receiving funds specified in the Act. (2) Permanency planning requirements need to be built into all federal programs benefiting children and youth with disabilities; this would include long-term Medicaid placements, residential school placements, residential services "purchased" with Social Security cash paid to those with disabilities and other programs receiving federal assistance. (p. 13)

PART TWO:

P.L. 96-272: THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980

ARTICLE SURVEY

ADOPTION OF CHILDREN WITH SPECIAL NEEDS

Barth, R. P., & Berry, M. (1987). Outcomes of child welfare services under permanency planning. Social Services Review, 61(1), 71-90.

This article examines permanency planning outcomes in studies of children's reunification with the biological family, adoption, guardianship, and long-term foster care. Abuse, placement stability, development outcomes, and children's satisfaction with the placements were measured. Maintaining a child in the home or reunification of children with parents is a primary goal of social service agencies. However, abuse/reabuse is most likely in reunification and least likely in adoption; adoption is the most stable placement; positive developmental outcomes are least likely when the child returns home; children's satisfaction with placement was ambiguous--most children preferred the current placement to a previous one. Having the child involved in the choice of placement was basic to the child's satisfaction. Policy implications of these findings include: 1) Children being maintained in or reunited with their biological family need intensive, continuing services; 2) Enough time needs to be allowed for agencies to make good decisions about returning children home; 3) A child's wants and needs should be considered in choosing either a "permanent" placement or the "least restrictive environment" for the child.

Barth, R. P., Berry, M., Carson, M. L., Goodfield, R., & Feinberg, B. (1986). Contributors to disruption and dissolution of older-child adoptions. Child Welfare, 65(4), 359-371.

In examining adoptions that disrupt, the authors discuss parental expectations, adoptive parent group training, adoption subsidies, postplacement services, and positive child characteristics. Disruptions in adoptions occurred most often in families where the family roles and rules were less flexible, where there was insufficient information about the child, insufficient training for the parents, and in families where there were inadequate resources to deal with the additional family stresses.

Broeck, E. T., & Barth, R. P. (1986). Learning the hard way: A pilot permanency planning program. Child Welfare, 65(3), 281-294.

This article discusses the implementation of the California Family Protection Act (FPA) of 1977-1984, a forerunner of the Adoption Assistance and Child Welfare Act of 1980. The study shows that the FPA did reduce foster care costs and increased guardianships and adoptions, but the authors were not sure whether the procedures used explained the overall success of the program. The study examined San Mateo County's use of judicial review and administrative review to measure the actual program changes and to gauge the staff's reaction to the changes. Among the unanswered questions were: "Was the placement prevention fully tested? Can placement prevention be fully tested given current levels of support for public child welfare services?"

Bush, M., & Goldman, H. (1982). The psychological parent and permanency principles in child welfare: A reappraisal and critique. Journal of Orthopsychiatry, 52(2), 223-235.

This article discusses, then challenges, the theories of psychological parenting and permanency planning defined by Goldstein, Freud, and Solnit. The theories state that every child needs a continuous, affectionate, stimulating relationship with one or two adults (psychological parents). According to this theory, children should be removed from their homes only for a short period of time, with the single best alternative to returning the child home being adoption. The author challenges the permanency psychological parent theories on three points: 1) Agencies should consider a list of many possible permanent persons since children can receive psychological parenting from more than one set of parents; 2) Agencies need to consider the child's wants, needs, and views rather than simply making decisions through legal proceedings; and 3) There is doubt that permanency should always be the prime goal. Some children can handle a variety of parent figures and living situations.

Coyne, A., & Brown, M. E. (1986). Agency practices in successful adoption of developmentally disabled children. Child Welfare, 65(1), 45-52.

Studies of children in the foster care system show that the length of time a child spends in foster care depends more on the practices of the agency than on the traits of the child or of the child's biological family. Policy makers should note findings that emphasize the need for specialized training of adoption workers, allocation of agency resources to further the goal of adoption, contracts with specialized agencies for help in placing special needs children, and task oriented leadership for decisions affecting children with developmental disabilities.

Coyne, A., & Brown, M. (1986). Relationship between foster care and adoption units serving developmentally disabled children. Child Welfare, 65(2), 189-198.

This study shows there are few differences between children with developmental disabilities placed in foster care and those who were adopted. The foster children as a group were slightly older and more likely to have intact biological families who continued to maintain contact with them. Lack of bridging mechanisms between foster care and adoption workers affected decisions to leave children in foster care rather than placing them for adoption.

Fein, E., Davies, L. J., & Knight, G. (1979). Placement stability in foster care. Social Work, 24, 156-157.

The Time-Limited Foster Care Program implemented by Child and Family Services in Hartford, Connecticut, promotes permanency

planning for children with emotional disturbance. Since 1972, the goal of the program is to find a permanent home for every child within one year. The outcome of the program from 1972-1977 suggests about equal stability of adoptive placements and returns to natural parents. After the study, staff members of the program felt more optimistic about the possibility of permanence when children were returned to natural parents than they were before the study.

Fein, E., Maluccio, A. N., Hamilton, V. J., & Ward, D. E. (1983). After foster care: Outcomes of permanency planning for children. Child Welfare, 62(6), 485-558.

A study of Connecticut's Department of Children and Youth Services asked seven questions: 1) Which children leave foster care and where do they go? 2) Do those children remain in permanent homes? 3) How well are the children functioning? 4) What services do children and their families need and use, and how are they related to stressful life events? 5) What are the characteristics and needs of the different types of permanent homes? 6) What are characteristics, histories, and situations of those children whose placements were disrupted? 7) How does the caseworkers' permanency planning affect the outcome for the child?

Fein, E., Miller, K., Olmstead, K. A., & Howe, G. W. (1984). The roles of the social worker in permanency planning. Child Welfare, 63(4), 351-359.

The theory of permanency planning has evolved into the practice of permanency planning. "Permanency planning is the systematic process of carrying out within a brief, time-limited period, a set of goal-oriented activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers, and the opportunity to establish lifetime relationships." Five roles for the caseworker have evolved from this practice: 1) Case planner--develops an overall, long-range plan which may include psychosocial assessment of family and environment, assessment of resources, and making service agreements; 2) Therapist--provides clinical services, including empowering families, developing positive family environments by altering family dynamics, and dealing with family bio/psycho/social problems; 3) Case manager--coordinates services and roles between resources, providers, clients, advocating for clients, supervising visitation; 4) Client advocate--advocates within legal and service systems; and 5) Court witness--documents, works with the legal system and testifies.

Fradkin, H. (1958). Adoptive parents for children with special needs. Child Welfare, 37, 1-6.

This article describes prospective parents of a child with special needs as flexible people who would be good parents of any

child. Some parents' qualities make them suitable candidates for a wide variety of children with disabilities; many would be better suited to one type of child than to another.

Franklin, D., & Massarick, F. (1969). The adoption of children with medical conditions: Part I--Process and outcome. Child Welfare, 48(8), 459-467.

In reviewing 449 child placements between 1950 and 1960, this study measured the effect of a child's medical condition on the adoptive placements. The researchers examined effects on school achievement, the impact on the adoptive parents' lives, the effect on other children in the family, the impact of residual medical conditions, and family satisfaction with the adoption. The most controversial finding was that placement planning was delayed until a firm medical prognosis was established for the child: many couples declared that they would have accepted the child in spite of an "indefinite diagnosis" or "guarded outlook."

Friedrich, W., & Friedrich, W. (1981). Psychosocial assets of parents of handicapped and nonhandicapped children. American Journal of Mental Deficiency, 85(5), 551-553.

This study showed that parents of a child with disabilities reported less satisfactory marriages, less social support, less religiosity, and less psychological well-being than parents of children without disabilities. One avenue of intervention might be to increase social support for parents with children with disabilities to help them cope with the additional stress. This study included only biological parents, but its findings could be used by adoptive parents in negotiating for support services in the adoption agreement.

Harrison, W. D. (1985). C. C. Carstens: Permanency planning pioneer. Child Welfare, 64(6), 587-597.

This article discusses the work of Christian Carl Carstens, the first director of the Child Welfare League of America (1920's and 1930's). Carsten's ideas about planned, family-oriented care are similar to current permanency planning ideas. Carstens was a major advocate of "child-centered plans" in an era of congregate living facilities for children. He encouraged a casework approach that considered the needs and circumstances of each child and family, stressed planning, assessment, decision-making and goal-directed efforts by the worker to ensure the best placement for the child. He prized family life, and was committed to strengthening family ties, encouraging social agencies to view this as their primary task. As Carstens stated, "care provided by the sound child care agency was part of the service rather than the whole of it."

Icabone, D. G., & Gallery, M. E. (1982). Caught in the mainstream: The severely and profoundly retarded learner and the least restrictive environment. Rehabilitation Literature, 43(3/4), 66-71.

This article discusses the meaning and use of the term "least restrictive environment." Often for students with mental retardation, "least restrictive environment" is thought to be synonymous with "mainstreaming." However, with students with severe and profound retardation, professionals need to focus on appropriate placement for the person rather than on the place. Placement in the "least restrictive environment" needs to be a means to an end--not an end in itself. The author discusses the history of changing terminology to describe persons with mental disabilities and the legislation enacted for their education. (P.L. 93-112: discrimination against disabled persons and P.L. 94-142: education for all handicapped children). The article suggests four principles to be considered when designing the "least restrictive environment" for students with mental retardation: 1) Validity--the program should have documented evidence of the effectiveness of all options offered to the student; 2) competence--the staff needs to have expertise and skills in dealing with this population, the program, and the setting; 3) least harm--selection of alternatives which assure pupil benefits and avoid harmful side effects; 4) parsimony--when two options are of equal pupil benefit, the less expensive option needs to be selected. The "least restrictive environment" needs to be created for a special population based on their individual needs, rather than on the assumption that the same environment is best for everyone in that population.

LeVine, E., & Greer, M. A. (1984). Long-term effectiveness of the adolescent learning center: A challenge to the concept of least restrictive environment. Adolescence, 19(75), 521-526.

P.L. 94-142 mandated careful consideration of the most appropriate educational placement for exceptional children. This has prompted a movement from specialized classrooms to services offered to children who remained in the mainstream school classes (least restrictive environment). Academic gains achieved in special classrooms were often lost when the child returned to regular classes. The authors suggest that in the current study, use of a highly restrictive Adolescent Learning Center for Emotionally Disturbed Adolescents facilitated emotional/ behavioral adjustment and improved academic performance which many students maintained, and continued when returned to the regular classroom. For some adolescents with emotional disturbances, a restrictive environment allows them to work through significant personal issues, since it offers protection from the stress of having to cope with their own maladaptive patterns among peers and teachers in regular classrooms. They can focus on building personal skills, practicing new appropriate behavior in an environment of acceptance and understanding. Upon their return to the public school setting, behaviors are sufficiently modified so progress can continue.

Miller, K., Fein, E., Bishop, G., & Murray, C. (1985). Public-private collaboration and permanency planning. Social Casework, 66(4), 237-241.

The Connecticut Council on Adoption Placement Project was a privately funded pilot program to provide adoption services for children in state foster care systems who were considered "hard to adopt" or likely to remain in the system until adulthood. The project used cooperation between public and private agencies, with public agencies purchasing services (treatment, recruitment and screening, home studies, placement services, postplacement supervision, postfinalization services) from private agencies. The program was based on the premise that whenever a child cannot remain or be reunited with a biological family, adoption should be the next preferred option, and that emphasis on permanency planning would eventually lead to fewer and more stable placements for each child. The outcome of the two-year project indicated that it was a success: permanency planning was achieved for 51 of the 55 hard-to-place children in a cost-effective manner.

Milner, J. L. (1987). An ecological perspective on duration of foster care. Child Welfare, 66(2), 113-123.

Using an ecological perspective, the author explores factors that affect the duration of a child's stay in foster care. A 16-page instrument was used to measure characteristics of the child, the biological family, the foster home, the agency, and the relationships between these parties. The results showed there was a high degree of correlation between frequent, positively-oriented visits by parents and short-term placement. This factor was affected by types and degrees of stresses in the biological family, individual family characteristics, and the availability and willingness of the family to use supportive services. Since frequent visits had the effect of maintaining family cohesiveness and reducing length of foster care stay, it is important for agencies and workers to provide services to the family, be supportive, offer encouragement, and help "inspire' parents to pursue the relationship with the child.

Reid, W. J., Kagan, R. M., Kaminsky, A., & Helmer, K. (1987). Adoptions of older institutionalized youth. Social Casework, 68(3), 140-149.

This study examines the adoption of older institutionalized children with serious emotional and behavioral problems from the perspective of the adoptive parents. Even though both children and parents went through extensive preparation and post-adoptive services were provided, children and parents experienced a variety of problems, stemming primarily from unrealized expectations concerning the child's personality, behavioral gains, and reciprocal caring. The author suggests that expecting older children to become family members in "permanent" homes with accompanying expectations and emotional attachments may be unrealistic. A different kind of parental role may be needed in

which parents play a "surrogate" or "professional" role to help adolescents move towards independence. This parenting model may be more suitable for adolescents with emotional disturbances who cope with trying to form new attachments while striving for autonomy and dealing with intense feelings of abandonment, anxiety, and rage. "Permanence" cannot always be equated with legalized adoption. Adoption of a child means only that the agency has helped the child avoid foster care drift and institutionalization. The success or quality of the adoptive experience is not measured by the agency's adoption statistics.

Saxe, L., Cross, T., & Silverman, N. (1988). Children's mental health: The gap between what we know and what we do. American Psychologist, 43(10), 800-807.

This article examines the nation's mental health services for children. Although 11% of the nation's children are in need of mental health services, the majority of these children either do not receive services or receive inappropriate or inadequate services. To solve these problems, public policy must encourage application of knowledge about effective treatment systems and encourage care in the least restrictive and most cost-effective settings. Due to the complexity of children's mental health problems, and the numerous treatment options, case managers should coordinate efforts to find appropriate treatment. General guidelines require treatment for children in the least restrictive environment. Implementing these guidelines is difficult because the most appropriate setting may be unavailable, or the case manager may be unable to arrange financial resources to maintain treatment in that setting. Treatment needs for the child also may change. If public policy presses for an increase in community-based services, more children will be served, and the potential for permanent change is enhanced.

Seaberg, J. R. (1986). "Reasonable efforts": Toward implementation in permanency planning. Child Welfare, 65(5), 469-479.

This article proposes a working guideline to help clarify what is meant by "reasonable efforts" in P.L. 96-272. The "final rule" in May, 1983, continues to offer only vague guidelines to the statutory term: ". . . in order to meet the reasonable efforts requirement, the State agency must identify, in the child's case plan, those services offered and the services provided to the child and parents to prevent placement or achieve reunification." The author proposes the following plan to qualify and quantify the concept of "reasonable efforts": 1) verification by an independent observer of the reasons the child enters or is at risk to enter foster care; 2) case plans and service agreements that include documentation of goals, efforts and results to provide valid evidence of "reasonable efforts" to the court; 3) full documentation of the sustained level of activity by the

parents to use the services offered in the case. Legally, there needs to be a unique case-by-case determination of "reasonable efforts."

Smith, B. K. (1980). Avondale House: An innovative approach for disturbed children and their families. Austin, Texas: University of Texas.

The Avondale House program was designed and implemented by concerned parents in Houston, Texas, to meet their families' needs for alternative care for one of its members. Its philosophy of service and treatment is a unique characteristic of Avondale House. The primary goal of the center's program is preventing unnecessary institutionalization of children with disturbances by making it possible for them to remain in their natural or surrogate homes. The program provides comprehensive services and support relationships which are responsive to short and long-term needs of these children. The child with a disability is viewed not as an isolated problem, but in the context of his or her nuclear family. The family requires support services to function adequately with a member with disturbances. The emphasis on family as the client and the involvement of the parents and siblings in the program which makes Avondale's approach unique. Parents are active in three ways: 1) program direction; 2) volunteer effort; and 3) support activities.

Sosin, M. R. (1987). Delivering services under permanency planning. Social Service Review, (61)(2), 272-290.

This article analyzes whether the use of permanency planning services affects the length of stay of children in substitute care. The "classic" position is that delivery of services helps speed placements from temporary to permanent if the worker: 1) explores the viability of various plans; 2) involves the biological family fully; 3) delivers supportive services to the families. The author suggests that if worker time and energy is focused on delivering services, attention may be taken away from placement and the child's length of stay in substitute care may not be reduced. The implication for policy and practice is: if reducing long stays in foster care is the goal, the goal can be reached more readily if workers focus on searching for plans, using many sources of information, and focusing on what is tangible and realistic.

Stenno, S. M. (1986). Family-centered child welfare services: New life for a historic idea. Child Welfare, 65(3), 231-239.

Permanency planning and the "Parent Empowerment Movement" have demanded that agencies reorient their focus from child placement to family support and "family preservation." The author discusses this movement in a historical context and suggests that we are simply returning to the original philosophy and function of social work which had the goal of keeping families together.

The article further discusses lessons to be learned from "deinstitutionalization's" successes and failures; the concepts of normalization and least restrictive alternatives for psychiatric patients are similar to the concepts of permanency and least restrictive environments for families. Although serving children in their homes is more normal and less restrictive than removing the child from the home, the "dollar" does not necessarily follow the child.

Tiddy, S. G. (1986). Creative cooperation: Involving biological parents in long-term foster care. Child Welfare, 65(1), 53-62.

Research now shows that the biological family is basic to foster children's adjustment and growth. Often when a child enters a second family, they will "recreate" the family, parents, previous roles, and situation of their biological family. Emotional distancing from the family often promotes, rather than weakens, psychological dependence. Children often feel obligated, responsible, and guilty about the separation, which hinders their emotional improvement with the foster family. Feelings of pain, love-hate, and anger are often displaced or internalized by the child, fostering distrust and problems, as well as feelings of abandonment and rejection. The authors suggest involving the biological parents in therapy sessions with the child and foster parents, to help the child maintain "rootedness", see their biological family realistically, and to allow them to deal directly with hurt, and guilt about the family of origin, rather than displacing those feelings. The biological parents gain closure, achieve integration, deal with their own guilt, and complete "unfinished" business. The foster family obtains valuable information about the child's origin and is helped to put everyone's feelings in perspective.

Van Meter, M. J. S., Haynes, O. M., & Knopp, J. P. (1987). The negative social work network: When friends are foes. Child Welfare, 66(1), 69-75.

The article discusses how a parent's social network of family and friends can sabotage home-based, client-centered strategies. Children may not be able to return home because of insufficient change in the home environment and in parental behavior. Three factors predict failure: 1) several other people living in the parent's home who "insulate" the parent by reinforcing current inappropriate behavior; 2) limited social contacts outside the family; 3) large amounts of time spent with a few social contacts. Often the parent will "flee" or escape parenting responsibilities as an easier alternative to working through problems, managing their own lives, and changing the family environment. Working with families in these three areas, helping them to understand the destructive nature of the relationships, and finding alternative support systems should be the goal of the social worker. Creative strategies, intervention, and motivational approaches may also be needed.

Weitzel, W. J. (1984). From residential treatment to adoption: A permanency planning service. Child Welfare, 63(4), 361-365.

The Donald M. Whaley Children's Center for children with severe emotional impairment in Flint, Michigan, proposes a continuum of care services which provide less restrictive settings while providing a sense of permanency. The agency suggests that the same staff work with the child through the continuum of care services, and that potential adoptive parents be recruited and become involved at the facilities, become foster parents, and eventually adoptive parents. The decision about who the adoptive parents will be is made jointly by the child, the agency, and staff. Support service are available for adoptive parents during their involvement with the agency prior to adoption, and for as long as the family desires following the adoption.

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